

# DOCUMENT INVENTORY FORM - ETS

Name: \_\_\_\_\_

TEAM

~~Department:~~ \_\_\_\_\_

CBS

Office Location: \_\_\_\_\_

Tel. Extension: \_\_\_\_\_

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location	FORM OF STORAGE Medium	Time Period
_____	DIAGRAMS	—	—	—	—
	DOCUMENTATION	1	114.1	BOO	
	PIYF	—	—	—	
	PROTOCOLS	2	114.1	BOO	
	RAW DATA	—	—	—	
	REPORTS	2	114.1	BOO	

2028917338